

Connecticut

Effective January 1, 2021

Anthem Balanced Funding (ABF) product guide



Anthem Balanced Funding product details – 5-50

The ABF plan naming structure includes these elements:

Anthem Balanced + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum

All plans use the Standard with Rx Maint 90 network and the Select drug list. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

See the *Exclusions and Limitations* page for more details on these plans.

Plan type	HMO						
Plan name	Anthem Balanced BlueCare Prime HMO 10/0%/2500 [Ⓞ]	Anthem Balanced BlueCare Prime HMO 1900/20%/5000 [Ⓞ]	Anthem Balanced BlueCare Prime HMO 2500/20%/6000 [Ⓞ]	Anthem Balanced BlueCare Prime HMO 3500/20%/6500 [Ⓞ]	Anthem Balanced BlueCare Prime HMO 4500/20%/8400 [Ⓞ]	Anthem Balanced BlueCare Prime HMO 5500/20%/8500 [Ⓞ] *NEW*	Anthem Balanced BlueCare Prime HMO 7000/20%/8500 [Ⓞ] *NEW*
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	5UT1	5USP	5USQ	5USR	5USS	61JJ	61JK
Deductible (individual/family)	\$0/\$0	\$1,900/\$3,800	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$5,500/\$11,000	\$7,000/\$14,000
Coinsurance	0%	20%	20%	20%	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,500/\$13,000	\$8,400/\$16,800	\$8,500/\$17,000	\$8,500/\$17,000
Office visits: Primary care (PCP)	\$10	\$10	\$10	\$10	\$15	\$15	\$20
Office visits: Specialist (SPC) ¹	\$30	\$75	\$75	\$75	\$75	\$75	\$80
Online doctor visits: LiveHealth Online ²	Covered in full	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20
Urgent care (facility)	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Emergency room (facility)	\$350	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$300	\$350	\$350	\$350	\$350	\$350	\$350
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Hospital outpatient surgery facility	\$400	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	\$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ²	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$25/\$75/40% up to \$500 per script/40% up to \$1,000 per script	\$25/\$75/40% up to \$500 per script/40% up to \$1,000 per script	\$25/\$75/40% up to \$500 per script/40% up to \$1,000 per script
Home delivery pharmacy: 90-day supply ³	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$63/\$225/40% up to \$1,500 per script/40% up to \$1,000 per script	\$63/\$225/40% up to \$1,500 per script/40% up to \$1,000 per script	\$63/\$225/40% up to \$1,500 per script/40% up to \$1,000 per script

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to change.

[Ⓞ] This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

[◇] Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

[†] This HSA-compatible plan includes Preventive Pharmacy.

[‡] Deductible waived for drugs on the PreventiveRx Plus drug list.

¹ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

² Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

³ Our 5-50 plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Evidence of Coverage.

Out of Area Coverage – PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Anthem Balanced Funding product details – 5-50

The ABF plan naming structure includes these elements:

Anthem Balanced + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum

All plans use the Standard with Rx Maint 90 network and the Select drug list. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

See the *Exclusions and Limitations* page for more details on these plans.

Plan type	HMO		HMO HSA				
Plan name	Anthem Balanced BlueCare Prime HMO 8300/20%/8500 [⊞]	Anthem Balanced BlueCare Prime HMO 8500/0%/8500 [⊞]	Anthem Balanced BlueCare Prime HMO 2800/20%/4000 w/HSA ^{†,⊞}	Anthem Balanced BlueCare Prime HMO 3200/20%/4800 w/HSA ^{†,⊞}	Anthem Balanced BlueCare Prime HMO 4500/20%/6500 w/HSA ^{†,⊞}	Anthem Balanced BlueCare Prime HMO 5500/20%/6500 w/HSA ^{†,⊞}	Anthem Balanced BlueCare Prime HMO 6900/0%/7000 w/HSA ^{†,⊞}
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	5UST	5USZ	5USK	5USL	5USM	5USN	5UTO
Deductible (individual/family)	\$8,300/\$16,600	\$8,500/\$17,000	\$2,800/\$5,600	\$3,200/\$6,400	\$4,500/\$9,000	\$5,500/\$11,000	\$6,900/\$13,800
Coinsurance	20%	0%	20%	20%	20%	20%	0%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000	\$4,000/\$8,000	\$4,800/\$9,600	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000
Office visits: Primary care (PCP)	\$10	Deductible, then 0% coinsurance	Deductible, then \$10	Deductible, then \$10	Deductible, then \$10	Deductible, then \$10	Deductible, then 0% coinsurance
Office visits: Specialist (SPC) ¹	\$75	Deductible, then 0% coinsurance	Deductible, then \$75	Deductible, then \$75	Deductible, then \$75	Deductible, then \$75	Deductible, then 0% coinsurance
Online doctor visits: LiveHealth Online ²	\$0 for first 12 visits, then \$20	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	\$100	Deductible, then 0% coinsurance	Deductible, then \$100	Deductible, then \$100	Deductible, then \$100	Deductible, then \$100	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$350	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Site of service radiology center: X-ray and ultrasound	Covered in full	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ²	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	0%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$25/\$75/40%/40%
Home delivery pharmacy: 90-day supply ³	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	0%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$63/\$225/40%/40%

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to change.

⊞ This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

⊞ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

3 Our 5-50 plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Evidence of Coverage.

Out of Area Coverage – PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Anthem Balanced Funding product details – 5-50

The ABF plan naming structure includes these elements:

Anthem Balanced + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum

All plans use the Standard with Rx Maint 90 network and the Select drug list. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

See the *Exclusions and Limitations* page for more details on these plans.

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to change.

Plan type	PPO						
Plan name	Anthem Balanced Pathway CT PPO 1000/20%/6000 ^Q	Anthem Balanced Pathway CT PPO 2500/10%/6000 ^Q	Anthem Balanced Pathway CT PPO 3000/20%/8500 ^Q	Anthem Balanced Pathway CT PPO 3000/30%/7000 ^Q	Anthem Balanced Pathway CT PPO 3000/30%/8500 ^Q	Anthem Balanced Pathway CT PPO 3750/25%/8500 ^Q	Anthem Balanced Pathway CT PPO 4500/25%/8500 ^Q
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	5USC	5USF	0G31	5UT2	5US8	5USG	5USD
Deductible (individual/family)	\$1,000/\$3,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,750/\$7,500	\$4,500/\$9,000
Coinsurance	20%	10%	20%	30%	30%	25%	25%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$6,000/\$12,000	\$8,500/\$17,000	\$7,000/\$14,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office visits: Primary care (PCP)	\$25	\$25	\$40	\$25	\$25	\$40	\$40
Office visits: Specialist (SPC) ¹	\$45	\$45	\$80	Deductible, then \$60	Deductible, then \$65	\$80	\$80
Online doctor visits: LiveHealth Online ²	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20
Urgent care (facility)	\$100	\$100	\$100	Deductible, then \$100	Deductible, then \$100	\$100	\$100
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$350	Deductible, then \$350	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$300	\$300	\$400	\$300	\$300	\$300	\$400
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$400	Deductible, then \$400	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 per admission	Deductible, then \$500 per admission	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ²	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy: 90-day supply ³	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

^Q This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

[◇] Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

[†] This HSA-compatible plan includes Preventive Pharmacy.

[‡] Deductible waived for drugs on the PreventiveRx Plus drug list.

¹ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

² Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

³ Our 5-50 plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Evidence of Coverage.

Out of Area Coverage – PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Anthem Balanced Funding product details – 5-50

The ABF plan naming structure includes these elements:

Anthem Balanced + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum

All plans use the Standard with Rx Maint 90 network and the Select drug list. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to change.

See the *Exclusions and Limitations* page for more details on these plans.

Plan type	PPO					
Plan name	Anthem Balanced Pathway CT PPO 6500/20%/8500 ^Q *NEW*	Anthem Balanced Pathway CT PPO 7500/20%/8500 ^Q *NEW*	Anthem Balanced Pathway CT PPO 8500/0%/8500 *NEW*	Anthem Balanced Pathway CT PPO Tiered 2000/0%/8500	Anthem Balanced Pathway CT PPO Tiered 4000/0%/8500	Anthem Balanced Pathway CT PPO Tiered 6000/0%/8500
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO Tiered	Pathway CT PPO Tiered	Pathway CT PPO Tiered
Contract code	61JE	61JF	61JD	5USX	5USY	5USW
Deductible (individual/family)	\$6,500/\$13,000	\$7,500/\$15,000	\$8,500/\$17,000	Tier 1: \$2,000/\$4,000 Tier 2: \$3,000/\$6,000	Tier 1: \$4,000/\$8,000 Tier 2: \$6,000/\$12,000	Tier 1: \$6,000/\$12,000 Tier 2: \$7,000/\$14,000
Coinsurance	20%	20%	0%	Tier 1: 0% Tier 2: 30%	Tier 1: 0% Tier 2: 50%	Tier 1: 0% Tier 2: 30%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office visits: Primary care (PCP)	\$40	\$40	Deductible, then 0% coinsurance	Tier 1: \$20 Tier 2: Deductible, then 30% coinsurance	Tier 1: \$40 Tier 2: Deductible, then 50% coinsurance	Tier 1: \$40 Tier 2: Deductible, then 30% coinsurance
Office visits: Specialist (SPC) ¹	\$80	\$80	Deductible, then 0% coinsurance	Tier 1: \$40 Tier 2: Deductible, then 30% coinsurance	Tier 1: \$80 Tier 2: Deductible, then 50% coinsurance	Tier 1: \$80 Tier 2: Deductible, then 30% coinsurance
Online doctor visits: LiveHealth Online ²	\$0 for first 12 visits, then \$20	\$0 for first 12 visits, then \$20	Deductible, then 0% coinsurance	Tier 1: \$0 for first 12 visits, then \$20 Tier 2: \$0 for first 12 visits, then \$20	Tier 1: \$0 for first 12 visits, then \$20 Tier 2: \$0 for first 12 visits, then \$20	Tier 1: \$0 for first 12 visits, then \$20 Tier 2: \$0 for first 12 visits, then \$20
Urgent care (facility)	\$100	\$100	Deductible, then 0% coinsurance	Tier 1: \$100 Tier 2: \$100	Tier 1: \$100 Tier 2: \$100	Tier 1: \$100 Tier 2: \$100
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Same as Tier 2 Tier 2: Deductible, then 30% coinsurance	Tier 1: Same as Tier 2 Tier 2: Deductible, then 50% coinsurance	Tier 1: Same as Tier 2 Tier 2: Deductible, then 30% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$400	\$400	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 50% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 50% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 50% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ²	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	0%	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy: 90-day supply ³	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	0%	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

^Q This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

^Q Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

[†] This HSA-compatible plan includes Preventive Pharmacy.

[‡] Deductible waived for drugs on the PreventiveRx Plus drug list.

¹ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

² Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

³ Our 5-50 plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Evidence of Coverage.

Out of Area Coverage – PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Anthem Balanced Funding product details – 5-50

The ABF plan naming structure includes these elements:

Anthem Balanced + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum

All plans use the Standard with Rx Maint 90 network and the Select drug list. To view the Select Drug List, visit [anthem.com/CTSelectdrugtier4](https://www.anthem.com/CTSelectdrugtier4).

See the *Exclusions and Limitations* page for more details on these plans.

Plan type	PPO HSA					
Plan name	Anthem Balanced Pathway CT PPO 3000/20%/7000 w/HSA [†]	Anthem Balanced Pathway CT PPO 4000/20%/7000 w/HSA [†] *NEW*	Anthem Balanced Pathway CT PPO 5500/30%/7000 w/HSA [†]	Anthem Balanced Pathway CT PPO 6250/30%/7000 w/HSA [†] *NEW*	Anthem Balanced Pathway CT PPO 7000/0%/7000 w/HSA [†]	Anthem Balanced Pathway CT PPO Tiered 5500/0%/6200 w/HSA [†]
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO Tiered
Contract code	5USA	61JG	5USB	61JH	5US9	5USV
Deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$5,500/\$11,000	\$6,250/\$12,500	\$7,000/\$14,000	Tier 1: \$5,500/\$11,000 Tier 2: \$6,100/\$12,200
Coinsurance	20%	20%	30%	30%	0%	Tier 1: 0% Tier 2: 50%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$6,200/\$12,400
Office visits: Primary care (PCP)	Deductible, then \$40	Deductible, then \$40	Deductible, then \$40	Deductible, then \$40	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Office visits: Specialist (SPC) ¹	Deductible, then \$80	Deductible, then \$80	Deductible, then \$80	Deductible, then \$80	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Online doctor visits: LiveHealth Online ²	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then \$100	Deductible, then \$100	Deductible, then \$100	Deductible, then \$100	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Tier 1: Same as Tier 2 Tier 2: Deductible, then 50% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 50% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 50% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 50% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ²	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	0%	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply ³	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	0%	\$13/\$150/30%/30%

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [plan-summaries.anthem.com/sobdps/](https://www.plan-summaries.anthem.com/sobdps/).

All product offerings are subject to change.

^Q This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

[◇] Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

[†] This HSA-compatible plan includes Preventive Pharmacy.

[‡] Deductible waived for drugs on the PreventiveRx Plus drug list.

¹ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

² Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

³ Our 5-50 plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Evidence of Coverage.

Out of Area Coverage – PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

2021 Anthem Balanced Funding New Business

Sold Case Checklist:

- 2021 Employer Application
- Census Enrollment macro file (unique file for each sold group)
- Signed proposal
- Tax filing (UC2/UC5)
- NY HCRA form (requires wet signature)
 - If moving from FI to ASO, form DOH 4399 (all four pages)
 - If moving from ASO to ASO, form DOH 4403 (one page)
- Internet Eligibility Form for online membership maintenance
- No Binder Check required
- EFT required

Case Submission Process:

- Five separate attachments:
 - Employer App packet
 - Census
 - Signed proposal
 - Tax document
 - Internet eligibility file
- Email directly to ctsgnewsalesandmissinginfo@anthem.com and your account executive
- Once installed, an email will be sent to the group administrator granting access to the billing and claims system
- Group administrator can then grant access to broker for billing and claims info
- Billing invoice is sent to group and EFT pull happens 7 business days after the notice
- Detailed bill can be pulled from EmployerAccess billing tab
 - Use pivot table to summarize the detail

Exclusions and limitations

In this section, you'll find a review of items that are not covered by your plan. Excluded items will not be covered even if the service, supply, or equipment is medically necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as covered services. This section is not meant to be a complete list of all the items that are excluded by your plan. Please refer to the Evidence of Coverage for details.

We will have the right to make the final decision about whether services or supplies are medically necessary and if they will be covered by your plan.

Exclusions:

- Infertility Assistive Reproductive Technologies (ART)
- Dental anesthesia
- Wigs
- Temporomandibular joint disorder (TMJ)
- Oral surgery for impacted teeth

Limitations:

- Hearing aids up to age 12 of \$1500/every 3 years per ear
- Combined rehabilitative and habilitative PT/OT/ST/Manipulation services visit limit (includes massage therapy provided during these visits).
- Advanced diagnostic imaging (ADI)
- Home health care (HHC) – Plan deductible and plan coinsurance applies to HHC (when applicable).
- Out-of-network HOTT benefits are excluded from out-of-network out-of-pocket maximum.

Employer Access Manual:

- <https://file.anthem.com/104377MUEENABS.pdf>

We're in this together

Let us help you save more time

Thank you for letting us partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're doing everything we can to offer the highest-quality coverage while keeping costs down. And we're right by your side to help make things simpler for you through the process.

Easier than ever

Our plans were put together with small businesses in mind – they're simple to understand, administer and use!

Questions? We're here to help. Call your Anthem representative.

